

UNITED STATES OF AMERICA

TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION
U.S. Department of State
(AGENCY)

2. TRAVEL NO.:

1001 105452

Alignments

Obligation

3. DATE

a 17

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

Mr. Christopher La Fleur
U.S. Department of State
Washington, D.C.

5. AUTHORIZING OFFICE

SECRET

6 *SOC. SEC. NUMBER

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7. APPLICABLE REGULATIONS

SECRET

13

CONFIDENTIAL

OTHER: _____
(Specify)

(Specify)

8. ITINERARY, PURPOSE, REMARKS AND SPECIAL INSTRUCTIONS AND AUTHORIZATIONS

Itinerary: **Visited in New York, N.Y., under Travel Authorization Number 1001-399552, dated September 17, 1980, you are authorized to return to Washington, D.C., on or about October 4, 1980.**

Purpose: To attend the UNCA

ACTUAL SUBSISTENCE NOT TO EXCEED \$25.00 FOR EACH CALENDAR DAY OR FRACTION THEREOF IS AUTHORIZED

TRAVEL VIA AIR IS AUTHORIZED

THE USE OF TAPICANS BETWEEN PLACE OF LODGING AND PLACE OF OFFICIAL BUSINESS AND BETWEEN PLACES OF OFFICIAL BUSINESS AUTHORIZED

9. LIQUIDATION RECORD

Date (A)	DEPARTMENT OF STATE (B)	Agency (C)	Paid By (D)	Obligation Authorized (E)	Obligation Liquidated (F)	Unliquidated Balance (G)
REVIEWED BY	Tolson	DATE	2/14/81			
RDS FOR	XDS TEXT DATE					
TS AUTH	REASON(S)					
EXEMPT	EXEMPTING AUTHORITY					
DECLASSIFIED	DECLASSIFIED					
REFUSED	DENIED					
PA OR	NOT EXEMPTIONS					

10. TRAVEL REQUESTED BY

Name: **Robert Aylmer**
Title: **Staff Assistant**

11. FUNDS AVAILABLE

Name: **Albert Jarek**
Title: **Budget Officer**

12. AUTHORIZING OFFICER

Name: **Albert Jarek**
Title: **Budget Officer**

13. ACCOUNTING CLASSIFICATION CODES - The coding (A through D) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, GB/L's, etc. (For USIA, A through F must be shown.)

A. Appropriation	B. Allotment	C. Obligation	D. Organization/Function (USIA: Sub-Cost/Activity Center)	E. Object (USIA: Function)	F. Sub-Subject (USIA: Resource)	G. Amount
1910113	1091	109052	010621	2151		\$200.00

OPTIONAL FORM 144 (Rev. 12-77)
Dept. of State

(SEE REVERSE FOR PRIVACY STATEMENT)

COPY 6 - ORIGINATING OFFICE

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